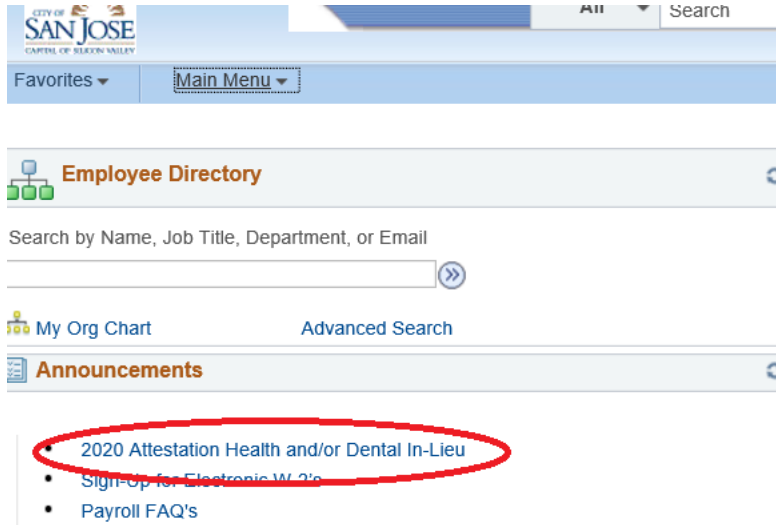


2020 Health and/or Dental In-Lieu Attestation eForm Instructions

1. Navigate to the 2020 Attestation Health and/or Dental In-Lieu eForm in eWay under Announcements.



2. This link will take you to the HIL/DIL Attestation from a City or Home Network Connection. Select the appropriate link.



Posted on 9/10/2019

To employees currently enrolled in Health and/or Dental In-Lieu,

The IRS requires proof of alternate coverage be submitted to the City every year that the health/dental In-Lieu plan applies. The federal regulation says proof of alternate coverage may include the employee's attestation that the employee and all other members of the employee's expected tax family have or will have minimum essential coverage. Employees currently enrolled in a Health and/or Dental In-Lieu will need to complete the following attestation to qualify for the health/dental in-lieu premiums for the 2020 calendar year.

To attest your Health and/or Dental In-Lieu, click on the appropriate link below. Then add a New Value and follow the on-screen instructions to complete the Attest In-Lieu 2020 eForm.

[InLieu 2020: From City Network](#)

[InLieu 2020: From Home](#)



3. Click “Add a New Value”

The screenshot shows the top navigation bar of the City of San Jose eForm system. Below the navigation bar, the 'Search/Fill a Form' section is visible. It includes a search bar and a 'Find an Existing Value' button. The 'Add a New Value' button is circled in red. Below the search bar, there is a 'Search Criteria' section with various dropdown menus for Sequence Number, Subject, Document Key String, Priority, Due Date, and Approval Status. A 'Case Sensitive' checkbox is also present. At the bottom, there are buttons for 'Search', 'Clear', 'Basic Search', and 'Save Search Criteria'.

4. Enter the Subject of “Inlieu2020-EmplID” using your employee ID number. For example, if your employee ID is 123456, enter “Inlieu2020-123456”.

5. Next enter your information in the required fields on the form (Employee ID, Employee First and Last Name).

The screenshot shows the 'eForm: Attest In-Lieu 2020' form. The 'Form' tab is selected. The 'Subject' field is highlighted with a red arrow. The 'Status' field is set to 'Initial'. Below the form, there are instructions for the above *Subject line: Please type-in Inlieu2020-EmplID where EmplID is your Employee ID #. Format example: Inlieu2020-123456.

Section 1: For Employee to Complete

The screenshot shows the 'Section 1: For Employee to Complete' form. The 'Employee ID' field is highlighted with a red arrow. The 'FIRST Name' field is set to 'Grumpy' and the 'LAST Name' field is set to 'Cat'.

6. Agree that you and/or your dependents are or will be covered by an alternate qualifying group health and/or dental plan by selecting YES in the dropdown box.

Cash In-Lieu Attestation of Alternate Qualifying Group Health and/or Dental Insurance Coverage**

I attest that my dependents and I are covered, or will be covered, by an alternate qualifying group health and/or dental plan that conforms to the Affordable Care Act's (ACA) minimum value standards for Calendar Year 2020. I attest that I will maintain coverage in this alternate qualifying group health and/or dental plan for Calendar Year 2020 and I agree to notify Human Resources, Benefits Division within 30 days of losing coverage under that medical and/or dental insurance plan. I understand that an individual health and/or dental insurance policy (for example Medicare, Covered California, or a policy purchased on a private or state exchange) is not qualifying group health and/or dental plan coverage for purposes of this Health and/or Dental Cash In-Lieu Benefit.

I hereby agree to all terms and conditions as contained in this Attestation and the Health and/or Dental In-Lieu Plan Document and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

*I AGREE

****This attestation is to verify Health and/or Dental In-Lieu for the 2020 calendar year only.**

Enrollment in HIL and/or DIL is a separate process.

To complete this attestation form, you must select the SAVE button at the bottom to save your entries, and then select the SUBMIT button at the top to submit for processing.

7. Click Save at the bottom of the form. MUST PROCEED TO STEP 8 TO COMPLETE THE FORM.

Health and/or Dental Cash In-Lieu Benefit.

I hereby agree to all terms and conditions as contained in this Attestation and the Health and/or Dental In-Lieu Plan Document and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

*I AGREE

****This attestation is to verify Health and/or Dental In-Lieu for the 2020 calendar year only.**

Enrollment in HIL and/or DIL is a separate process.

To complete this attestation form, you must select the SAVE button at the bottom to save your entries, and then select the SUBMIT button at the top to submit for processing.

Section 2: For Human Resources / Benefits Use

More Information

Save

8. Click Submit after reviewing the form and ensuring you entered the correct information.

Form Instructions Attachments

Seq Nbr 1096 eForm: Attest In-Lieu 2020

*Subject Inlieu2020-EmpIID

Status Initial Preview Approval Submit

Instructions for the above *Subject line: Please type-in **Inlieu2020-EmpIID** where *EmpIID* is your Employee ID #. Format example: Inlieu2020-123456

Section 1: For Employee to Complete

*Employee ID 123456

*FIRST Name Grumpy

*LAST Name Cat

9. Your form has been approved.

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

All Search

Favorites Main Menu > Self Service > Benefits > eForm: Attest In-Lieu 2020

eForm: Attest In-Lieu 2020

Subject Inlieu2020-EmpIID

Review/Edit Approvers

eForm: Attest In-Lieu 2020: 1098:Approved

1

Skipped

No approvers found

10. Click OK to return to the approved eForm.*

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Favorites Main Menu > Self Service > Benefits

Reviewer

Reviewer

Reviewer

Reviewer

Reviewer

Reviewer

Reviewer

Reviewer

Reviewer

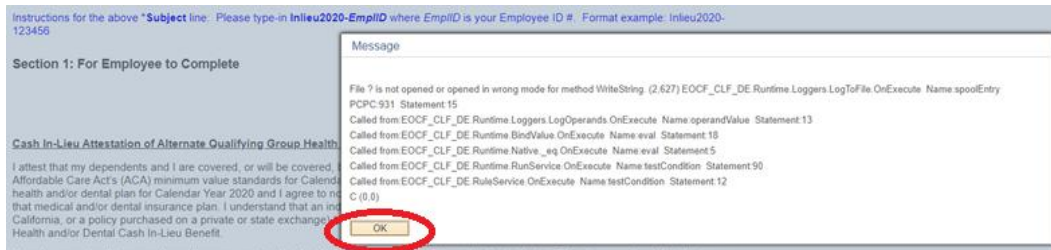
Reviewer

Reviewer

Reviewer

OK

***If you receive the following error message your Cache is full, just click OK to continue.**



11. You will see the completed eForm. Print to retain a copy for your records.

Seq Nbr 1096 eForm: Attest In-Lieu 2020

Subject Inlieu2020-EmpID

Status Approved

Approver Status

Instructions for the above *Subject line: Please type-in Inlieu2020-EmpID where EmpID is your Employee ID #. Format example: Inlieu2020-123456

Section 1: For Employee to Complete

*Employee ID 117885
*FIRST Name Grumpy
*LAST Name Cat

Cash In-Lieu Attestation of Alternate Qualifying Group Health and/or Dental Insurance Coverage**

I attest that my dependents and I are covered, or will be covered, by an alternate qualifying group health and/or dental plan that conforms to the Affordable Care Act's (ACA) minimum value standards for Calendar Year 2020. I attest that I will maintain coverage in this alternate qualifying group health and/or dental plan for Calendar Year 2020 and I agree to notify Human Resources, Benefits Division within 30 days of losing coverage under that medical and/or dental insurance plan. I understand that an individual health and/or dental insurance policy (for example Medicare, Covered California, or a policy purchased on a private or state exchange) is not qualifying group health and/or dental plan coverage for purposes of this Health and/or Dental Cash In-Lieu Benefit.

I hereby agree to all terms and conditions as contained in this Attestation and the Health and/or Dental In-Lieu Plan Document and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

*I AGREE YES

**This attestation is to verify Health and/or Dental In-Lieu for the 2020 calendar year only.

Enrollment in HIL and/or DIL is a separate process.

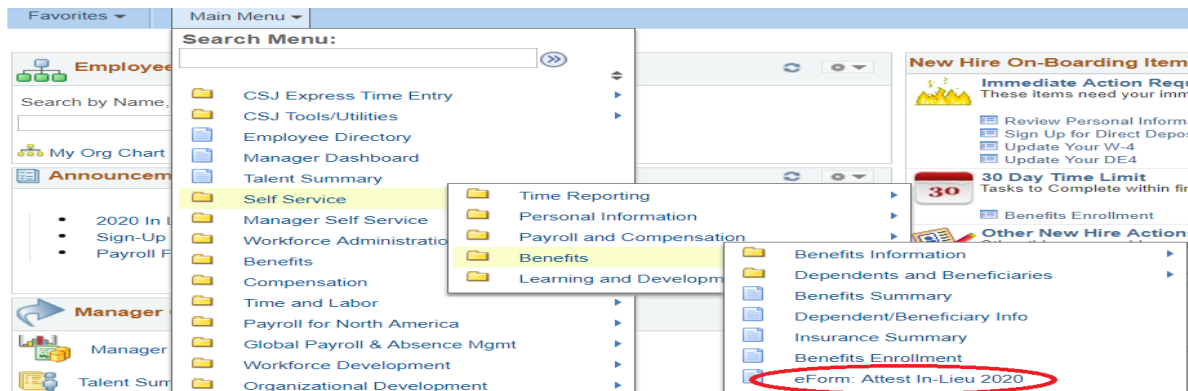
To complete this attestation form, you must select the SAVE button at the bottom to save your entries, and then select the SUBMIT button at the top to submit for processing.

12. You eForm is complete, sign-out of eWay.

13. If you have any questions, please contact HR at (408) 535-1285.

*****Alternate to Step 1*****

1. Navigate to the 2020 Attest In-Lieu eForm in eWay by following the menu path: Home > Main Menu > Self Service > Benefits > eForm: Attest In-Lieu 2020.



2. Click “Add a New Value”

The screenshot shows the City of San Jose eForm system interface. At the top, there is a navigation bar with the City of San Jose logo, a search bar, and a menu with options: Favorites, Main Menu, Self Service, Benefits, and eForm: At. Below the navigation bar, the section is titled "Search/Fill a Form". A instruction reads: "Enter any information you have and click Search. Leave fields blank for a list of all values." Below this instruction, there are two buttons: "Find an Existing Value" and "Add a New Value". The "Add a New Value" button is circled in red. Below the buttons is a section titled "Search Criteria" with a dropdown arrow. Under "Search Criteria", there are several search fields: "Sequence Number" with a dropdown menu set to "=", "Subject" with a dropdown menu set to "begins with", "Document Key String" with a dropdown menu set to "begins with", "Priority" with a dropdown menu set to "=", "Due Date" with a dropdown menu set to "=", and "Approval Status" with a dropdown menu set to "=". There is also a checkbox labeled "Case Sensitive". At the bottom, there are buttons for "Search", "Clear", "Basic Search", and "Save Search Criteria".

Move to Step 3 above to complete the form.